

THANK YOU FOR YOUR INTEREST IN PARTNERING WITH GRANGER CONSTRUCTION. TO BE CONSIDERED FOR PREQUALIFICATION, PLEASE READ, COMPLETE AND RETURN THE FOLLOWING FORM, ALONG WITH ALL NECESSARY SUPPLEMENTAL MATERIALS.

This completed form, along with the requested attachments, will be utilized by the Owner and the Construction Manager to determine if a bidder is qualified for award of contract. If requested and submitted at least fourteen (14) days prior to bid, the CM will provide this evaluation before a bidder tenders a proposal. Bidders who elect to be qualified after a proposal is submitted understand the CM has the right to not qualify a bidder and thus reject a proposal as non-responsive.

Bidders who: 1) do not submit all requested data, 2) do not meet criteria shown or 3) who present inaccurate data may not be offered a subcontract. Submission of a bid proposal shall be evidence the Bidder understands and agrees that the Construction Manager has the right to reject as non-responsive any bid proposal which is not in full compliance with these criteria.

## GENERAL INFORMATION AND CORPORATE HISTORY

A. Firm Name and Address:

Telephone:	Email:

B. Years in business under present name:

C. Primary areas of work you will be bidding:


D. Contacts at your firm available for inquiries:

	Name	Office Phone	Mobile Phone	Email
Project Executive	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Project Manager	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Superintendent	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Accountant	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

E. Total number of staff employed by firm:

Office	<input style="width: 90%;" type="text"/>	Field	<input style="width: 90%;" type="text"/>
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- F. Is your firm a Minority Business Enterprise or owned by any other recognized disenfranchised group?  
 Yes  No

If so, please describe your ownership and what outside agency has certified the business ownership of your firm.


- G. Has your firm ever worked for Granger before?  
 Yes  No

If so, list the job(s) and year(s) completed.


- H. List all signatory union affiliations and/or trades to be used if not union.


- I. What percentage of work will be performed by your own workforces (i.e. not subcontracted)?


**FINANCIAL CRITERIA**

- A. Check to acknowledge inclusion of the following financial documents:  
 CPA Issued Financial Statement (audited, reviewed and compiled for the last two fiscal years)  
 Work-in-Progress Schedule (completed for all work under contract)

- B. Annual sales for the last three years:

Year 1			Amount	
Year 2			Amount	
Year 3			Amount	

- C. Are payroll taxes and fringe benefits paid to date?  
 Yes  No

If not, please explain.

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D. Bank Name (Reference):

Length of Time as Primary Bank:

Contact Person:

Telephone:

Email:

E. Current Line of Credit:

Amount Outstanding (owed on line):

## GENERAL LIABILITY & WORKERS COMPENSATION/EMPLOYER LIABILITY INSURANCE

A. Carrier Name and Address:

Telephone:

Email:

B. Agent Name and Address:

Telephone:

Email:

C. Check to acknowledge inclusion of/compliance with the following:

- Certificate of Insurance is provided (in accordance with project requirements)
- Insurance is proffered by a U.S. domiciled firm
- Firm is licensed to conduct business within the state of the project location
- Firm is rated by A.M. (best as A-, financial category FSC IV or better)

D. I confirm that this policy shall not be canceled or withdrawn unless it is replaced by a policy with no lapse in coverage, which meets the same criteria, for the duration of the contraction through completion of the warranty obligation. (Must agree with "yes" to qualify)

Yes  No

## BONDING

A. If bond is required, check to acknowledge compliance with the following:

- Bid Bond from a surety acceptable to the Project Manager and Owner is provided
- Insurance is proffered by a U.S. domiciled firm

- Firm is licensed to conduct business within the state of the project location
- Firm is U.S. Treasury listed
- Firm is rated by A.M. (best as A-, financial category FSC IV or better)

B. Bonding Company Name and Address (surety):


Telephone:  Email:

Length of Relationship with Company:

	Amounts
Total Bond Capacity	<input style="width: 100%;" type="text"/>
Single Project Bonding Limit	<input style="width: 100%;" type="text"/>
Value of Work Currently Bonded	<input style="width: 100%;" type="text"/>

C. Agent Name and Address:


Telephone:  Email:

**SAFETY**

A. Check to acknowledge inclusion of/compliance with the following:

- Agent letter verifying 3+ years workers compensation Experience Modification Rating (EMR)
- EMR of less than one (EMR $\leq$ 1.0 required)
- Proof workers compensation agent and carrier will provide statutory coverage for this project, and employer's liability coverage, with policy limits not less than \$500,000 per occurrence per person

B. Workers Compensation Experience Modifier in the last three years:

Year 1	<input style="width: 100%;" type="text"/>	EMR	<input style="width: 100%;" type="text"/>
Year 2	<input style="width: 100%;" type="text"/>	EMR	<input style="width: 100%;" type="text"/>
Year 3	<input style="width: 100%;" type="text"/>	EMR	<input style="width: 100%;" type="text"/>

